

Body Mechanix

Physical Therapy, LLC



56730 Calumet Ave, Suite M
Calumet, MI 49913

In the Calumet Avenue Business Center

Phone: 906-337-1100

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Physical Therapy

Patient: _____ Date: _____

Diagnosis: _____

Evaluate and Treat

Specific Orders / Precautions _____

Frequency QD 3x/Wk 2x/Wk x _____ weeks

I certify that this patient is under my care and is in need of skilled Physical Therapy Services that are medically necessary.

Physician Signature _____